REQUEST FOR DISCLOSURE OF PUBLIC RECORDS



Please print all information:

Every effort is made to expedite all requests for disclosure of public records; however, due to personnel demands and schedules, there are incidents when the disclosure of records may take the time allowed by law.

Name	Phone		
Address/City/ST/Zip			
E-mail Address			
Name & Date & Description of Requested Record:	(Please be specific in your request.)		
I give permission to redact any inforconfidential pursuant to Section 552 Texas Government Code (Open Re	2 of the		
Signature of Applicant	Date of Request		
*******Do Not Write Below This Line – For C	Office Use Only********		
**Signature of Staff Receipt	Date of Receipt		
Staff Routed to			

S T A F

Indicate form of retrieval:		Pick-up E-mail	□ Mail □ Fax	
Staff Comments:				
Forward to				
Released by Fees Due_				
Pages Fees Due_				
Date Approved Date Disclosed				
Ruling from Attorney General Date Submitted to AG Poturned from AG	YesNo YesNo			